

Please type a plus sign (+) inside this box Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	960296.97745
		First Named Inventor	John A. T. Young
COMPLETE IF KNOWN			
Application Number			
Filing Date			
Group Art Unit			
Examiner Name			

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RECEPTOR FOR B. ANTHRACIS TOXIN

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/251,481	12/05/2000	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMA#D315131

Please type a plus sign (+) inside this box

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name OR		Customer or label Number	
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			

Name	Registration Number	Name	Registration Number
Herbert W. Mylius	24,578	Bennett J. Berson	37,094
Barry E. Sammons	25,608	Michael A. Jaskolski	37,551
Charles W. Jirauch	26,186	Richard T. Roche	38,599
Nicholas J. Seay	27,386	Terri S. Flynn	41,756
George E. Haas	27,642	John T. Pienkos	42,997
Michael J. McGovern	28,326	Daniel G. Radler	43,028
Carl R. Schwartz	29,437	Gregory M. Smith	43,136
Keith M. Baxter	31,233	Steven J. Wietrzny	44,402
John D. Franzini	31,356	Paul D. Amrozowicz	45,264
Janine R. Novatt	32,593	David M. Kettner	45,598
Jean C. Baker	35,433	Adam J. Forman	46,707
David G. Ryser	36,407	Zhibin Ren	47,897

	Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto		
Please direct all correspondence to	<input type="checkbox"/> Customer Number or label	OR	<input checked="" type="checkbox"/> Fill in correspondence address below

Name	Bennett J. Berson		
Address	Quarles & Brady LLP		
Address	P O Box 2113		
City	Madison	State	WI
Country	US	Telephone	(608)251-5000
		Fax	(608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor							
Given	John	Middle	A. T.	Family	Young	Suffix			
Inventor's Signature							Date		
Residence:	Madison	State	WI	Country	US	Citizenship	UK		
Post Office	1154 Sherman Avenue								
Post Office									
City	Madison	State	WI	Zip	53706	Country	US	Applicant Authority	
X	Additional inventors are being named on supplemental sheet(s) attached hereto								

Please type a plus sign (+) inside this box

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given	Kenneth		Middle	A	Family	Bradley			Suffix	
Inventor's									Date	
Residence:	Madison			State	WI	Country	US	Citizenship	US	
Post Office	616 North Carroll Street #305									
Post Office										
City	Madison		State	WI	Zip	53703	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given	Robert		Middle Initial	J.	Family Name	Collier			Suffix	
Inventor's									Date	
Residence:	Wellesley			State	MA	Country	US	Citizenship	US	
Post Office	43 Garden Road									
Post Office										
City	Wellesley		State	MA	Zip	02481	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given	Jeremy		Middle	S.	Family	Mogridge			Suffix	
Inventor's									Date	
Residence:	Brookline			State	MA	Country	US	Citizenship	Canada	
Post Office	7 Atherton Road, Apt. 2									
Post Office										
City	Brookline		State	MA	Zip	02446	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given			Middle		Family				Suffix	
Inventor's									Date	
Residence				State		Country			Citizenship	
Post Office										
Post Office										
City			State		Zip			Country	Applicant Authority	
		Additional inventors are being named on supplemental sheet(s) attached hereto								